

Exhibit I

Approved ATF Form 4 (5320.4)

REDACTED

U.S. Department of Justice
Bureau of Alcohol, Tobacco, Firearms and Explosives

Application for Tax Paid Transfer and Registration of Firearm

ATF Control Number

SUBMIT in DUPLICATE to:

1. Type of Transfer (Check one)

☐ \$5 ☒ \$200

Submit the appropriate tax pay
The tax may be paid by credit or
order. Please complete item
the application, we will affix
National Firearms Act stamp. (S



Division

Tobacco, Firearms and Explosives, P.O. Box 5015, Portland, OR 97208-5015

2a. Transferee's Full Legal Name and Address (Include trade name, if any) (See instruction 2d)

DEWILDE ARMS TRUST

☐ Corporation☐ Individual☐ Other Legal Entity☒ Trust

2b. County/Parish

3a. Transferor's Full Legal Name and Address (Include trade name, if any)
(Executors: see instruction 2i)

3b. E-mail address

3c. Transferor's Telephone (Area Code and Number)

3d. If Applicable: Decedent's Name, Address, and Date of Death

3e. Number, Street, City, State and Zip Code of Residence (or Firearms Business Premises)
If Different from Item 3a.

The above-named and undersigned transferor hereby makes application as required by Section 5812 of the National Firearms Act to transfer and register the firearm described below to the transferee.

4. Description of Firearm (Complete items a through h) (See instruction 2n)

a. Name and Address of Maker Manufacturer and/or
Importer of Firearm

b. Type of Firearm (see definitions 1c)

c. Caliber or
Gauge

d. Model

S-701

e. Barrel Length:

6.25"

f. Overall Length:

11"

HATTON INDUSTRIES, INC
INDIAN MILLS, NJ

MACHINEGUN

.45 ACP

g. Serial Number

820101578

h. Additional Description or Data Appearing on Firearm (Attach additional sheet if necessary)

5. Transferee's Federal Firearms License (if any) or Explosives License or Permit Number

(Give complete 15-digit number) (See instruction 2c)

First 6 digits 2 digits 2 digits 5 digits

6. Transferee's Special (Occupational) Tax Status (If any)

a. Employer Identification Number

b. Class

8. Transferor's Special (Occupational) Tax Status (If any)

a. Employer Identification Number

b. Class

7. Transferor's Federal Firearms License (If any)

First 6 digits 2 digits 2 digits 5 digits

Under Penalties of Perjury, I Declare that I have examined this application, and to the best of my knowledge and belief it is true, correct and complete, and that the transfer of the described firearm to the transferee and receipt and possession of it by the transferee are not prohibited by the provisions of Title 18, United States Code; Chap 44; Title 26, United States Code; Chap 53; or any provisions of State or local law.

9. Signature of Transferor (Or authorized official)

10. Name and Title of Authorized Official (Print or type)

11. Date

TRUSTEE

2019-11-21

The Space Below is for the use of the Bureau of Alcohol, Tobacco, Firearms and Explosives

By Authority of The Director, This Application Has Been Examined, and the Transfer and Registration of the Firearm
Described Herein and the Interstate Movement of that Firearm, When Applicable, to the Transferee are:

Stamp Denomination

\$200.00

☒ Approved (With the following conditions, if any)☐ Disapproved (For the following reasons)

Signature of Authorized ATF Official

Date